

The Financial Commitment and Legal Completeness of Cross-Jurisdictional Shared Service Arrangements in Wisconsin Local Public Health

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Background

- Local and tribal public health departments (LTHD) are faced with the challenge of providing a range of services under resource limiting constraints.
- Cross-jurisdictional sharing (CJS) is increasingly used as one strategy to provide public health services by exercising public authority to deliver these services across jurisdictional boundaries.^{1,2}
- Understanding cross-jurisdictional shared service arrangements (CJSSA) is a national research priority.³
- Information about the financial commitments of CJSSA is limited.

Objective

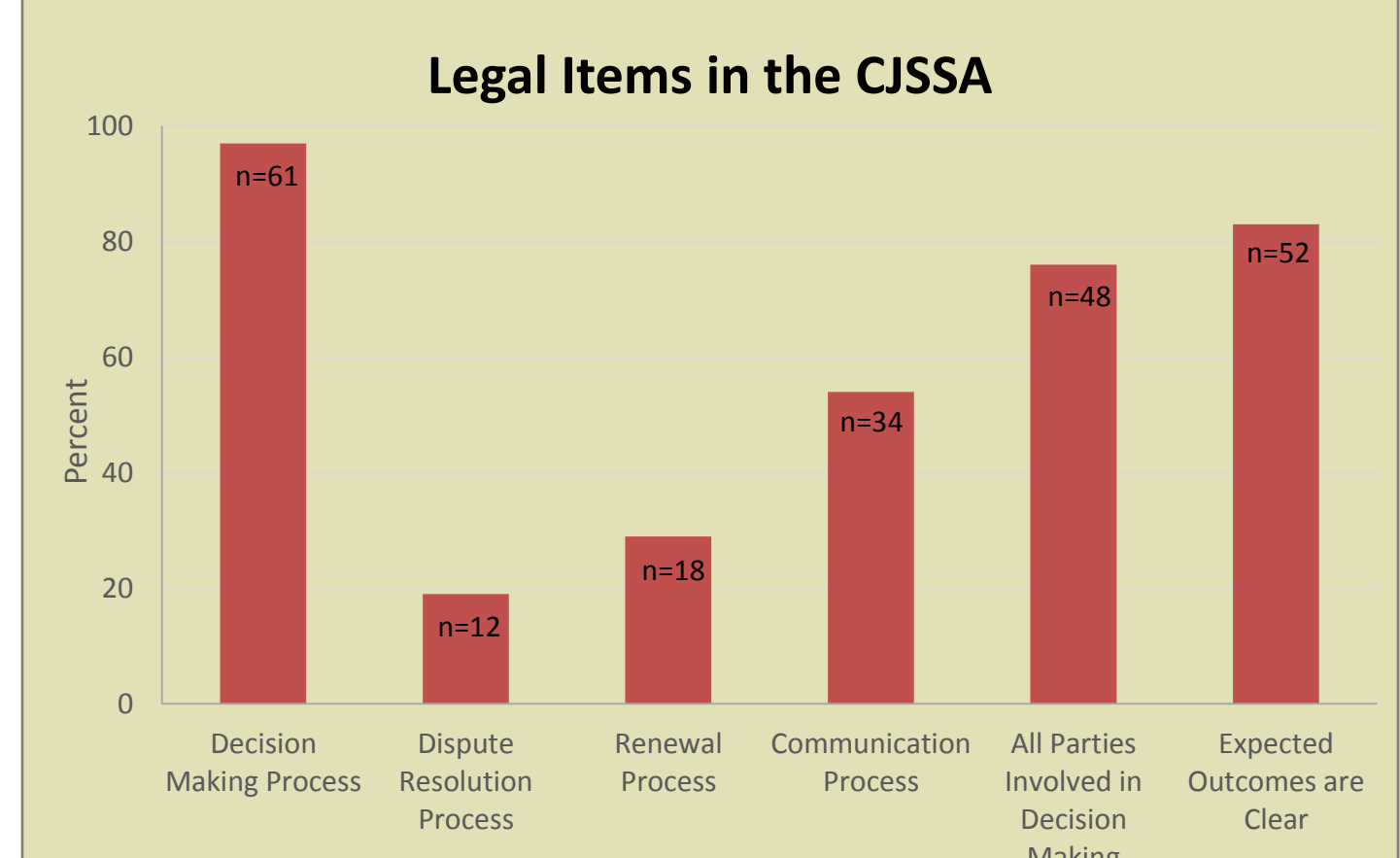
To describe characteristics and mechanisms used to manage financial commitments among written CJSSA between Wisconsin local public health departments.

Methods

- Cross-sectional, mixed-method study (2012-2014).
- Sample:** Eligible CJSSA was “a written document that describes, defines, or governs sharing of resources across jurisdictions on an ongoing or as needed basis,” and included a written statement about the financial commitment (n=63).⁴
- Data Collection:** Data extraction tool was developed by the research team and reviewed by the study advisory team. Two researchers independently extracted data; discrepancies were resolved.
- Measures:** Mechanism of financial exchange, direction of payment, payment type, funding source, a provision to change fees, consequence for non-payment or termination, program area, nature of sharing, population size, and creation process. Legal completeness is an additive score of six legal items that would make the CJSSA more legally complete.
- Data Analysis:** Descriptive analysis and single predictor linear regression analysis for legal completeness using Stata v.14.

Findings

Characteristics of the CJSSA	
Program Area	
Environmental health (EH)	24 (38%)
Emergency preparedness (PHEP)	15 (24%)
Maternal and child health (MCH)	11 (17%)
Chronic disease prevention (PBP)	11 (17%)
Communicable disease (CD)	1 (2%)
Administrative/Other (Admin)	1 (2%)
Primary Nature of Sharing	
Service	44 (70%)
Staffing	8 (13%)
Technical assistance	2 (3%)
Administration	9 (14%)
Population Served by the CJSSA	
<50,000	7 (11%)
50,000-99,999	22 (35%)
100,000-249,999	25 (40%)
250,000-499,999	8 (13%)
500,000+	1 (2%)



- Legal completeness mean was 3.57 (SD: 1.44; Range 1-6).
- 35 (56%) had their or the partner's legal counsel assist in the creation or review of the CJSSA (13 unknown).
- LTHD which involved legal counsel in the creation or review of the CJSSA were more likely to have legally complete CJSSA by 2.74 (0.00; CI: 2.19, 3.29). But, only 2 of the CJSSA had all of the legal items.
- Consequences of non-payment were described in 6 (10%).
- Financial fees upon termination was described in 11 (17%).
- Provision for changing payments was described in 14 (22%).
- Provisions for financial audits were described in 5 (8%).

Financial Commitments Varied by CJSSA Characteristic

- All of the MCH, CD, PBP, and Admin program areas specified a dollar amount compared to 67% of EH and 40% of PHEP. Of the CJSSA that specified a dollar amount the nature of sharing was service in 86%, staffing or technical assistance in 50%, and other in 22%.
- 100% of CD, 91% of PBP, 67% of PHEP, 33% of EH, and 27% of MCH program areas identified a grant for the funding source.
- Mechanism of financial exchange varied across all CJSSA characteristics.

Characteristics of the Financial Commitments

Payment Type (n=60)*	
Dollar amount	45 (75%)
Percentage	8 (13%)
Other payment types (n=29)	
Mileage	17 (59%)
Administration/Legal fees	9 (31%)
Material charges	8 (28%)
Extra service fees	8 (28%)
Worker's compensation	4 (14%)
Funding Source For Payment Mentioned (n=36)	
Grant	32 (89%)
Health Department	4 (11%)
User Fees	5 (14%)
Other	4 (11%)
Mechanism of Financial Exchange (n=53)*	
Reimbursement	26 (49%)
Billed/Invoiced	24 (92%)
Payment if CJSSA is activated/cost incurred	3 (12%)
Payment direct from state to provider county	11 (58%)
Initial payment then multiple payments	7 (13%)
PHEP funds	4 (21%)
Lump sum payment	3 (6%)
Budget	2 (4%)
Other	5 (9%)

*CJSSA may have more than one type

Direction of Payment

- Direction of payment went from a lower population county to a higher population county in 42 (67%) of the CJSSA.
- In five (8%), the direction of payment was multi-lateral meaning the direction could differ depending on the circumstances under which the agreement was activated. Four of these agreements were related to PHEP and the fifth was an EH agreement.

Implications and Conclusions

- Summary of Key Findings:**
- The financial commitments of the sample vary based on the characteristics of the agreement.
 - Larger LTHD often provided services for smaller LTHD.
 - The CJSSA documents are lacking legal items.
 - Involving LTHD legal counsel in the creation of the CJSSA increases legal completeness of the agreement.
- Limitations:**
- Potential incomplete representation of CJSSA across Wisconsin due to recruitment method.
 - Cross-sectional design in one state limits generalizability.
- Implications for Public Health Practitioners and Policy Makers:**
- Engage LTHD legal counsel when creating CJSSA for a more legally complete CJSSA.
 - Explore creating CJSSA templates for LTHD; consider creating different templates by program area.
- Implications for Researchers:**
- Explore whether the CJS is balancing effectiveness, efficiency, outcomes and community needs.
 - Explore perspectives of CJS effectiveness, efficiency, and public health outcomes from staff who are carrying out the work.

References

- Center for Sharing Public Health Services (2015). *What we do*. Retrieved: <http://phsharing.org/what-we-do/> [5/17/216].
- Madamala, K., Young, N., Giese, L., Brandenburg, T., & Zahner S. (2014). *Current and planned shared service arrangements in Wisconsin local and tribal health departments*. 20(6), 640-646.
- A Consortium from Altarum Institute, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and the National Coordinating Center for Public Health Services and Systems Research (2012). *A National Research Agenda for Public Health Services and Systems*. *American Journal of Preventive Medicine*, 42(5S1):S72-S78
- Zahner, S. (2015). *Cross jurisdictional shared service arrangements in local public health*. Presented as a webinar on 11/13/15.

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